



La Porte Police Department Citizens Police Academy

3001 North 23rd Street
La Porte, Texas 77571



Name: _____

Home Address: _____ City: _____ Zip: _____

Occupation: _____ Business Name: _____

Business Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____ Work Phone: _____

Date of Birth: _____ Shirt Size _____

Driver License #: _____ Email: _____

Have you ever been arrested or convicted of a crime? Explain (use back if needed):

How did you first hear about the Citizens Police Academy?

Why do you wish to attend? _____

Give Name, Address and Phone number of two character references:

1. _____

2. _____

In consideration of my application to attend the Citizen Police Academy and/or participate in the Citizens on Patrol Program (COPS); I give the La Porte Police Department permission to check my personal background, references, driver's license status, warrants and criminal history at anytime to insure the integrity of the programs. The above information is correct to the best of my knowledge .

Signature of applicant

Date

[Mail to the Address Above]